PW01-176 - SCHIZOTYPY CLUSTERS IN NONCLINICAL INDIVIDUALS

N. Barrantes-Vidal[1], K.E. Lewandowski[2], T.R. Kwapil[2]

[1]*Psicologia Clínica i de la Salut, Universitat Autònoma de Barcelona, Bellaterra (Barcelona), Spain,*
[2]*University of North Carolina at Greensboro, Greensboro, NC, USA*

Objectives: Correlational methods, unlike cluster analyses, cannot take into account the possibility that individuals score highly on more than one symptom dimension simultaneously. This may account for the inconsistency found in the correlates of schizotypy dimensions. This study explored the clustering of positive and negative schizotypy dimensions in nonclinical subjects and whether schizotypy clusters have meaningful patterns of adjustment in terms of psychopathology, social functioning, and personality.

Methods: Positive and negative schizotypy scores were derived from the Wisconsin Schizotypy Scales for 6.137 college students and submitted to cluster analysis. Of these, 780 completed the NEO-PI-R and Social Adjustment Scale-self report version, and further 430 were interviewed for schizophrenia-spectrum, mood, and substance use psychopathology.

Results: Four clusters were yielded: low, high positive, high negative, and mixed (high positive and negative) schizotypy. The positive-schizotypy cluster presented more psychotic-like experiences and schizotypal and paranoid symptoms, had more affective and substance abuse pathology, and were more open and extraverted. The negative-schizotypy cluster had more negative and schizoid symptoms, worse social adjustment, high conscientiousness and low agreeableness. The mixed cluster was the most deviant on almost all aspects.

Conclusions: Our cluster solution is consistent with that of few previous cluster analyses in schizotypy and schizophrenia, indicating that meaningful profiles of schizotypy features are present in nonclinical populations. The clusters provide construct validity to the schizotypy types defined. The phenomenological similarity between schizotypy and schizophrenia in terms of their underlying dimensions and associated correlates in a general population sample supports the fully-dimensional conceptualization of schizotypy.